

## PART B - FEE(S) TRANSMITTAL

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**Commissioner for Patents**  
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**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated or corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

10/19/2007

**MR. ERKAPOT BHUNACHET**  
**2-32-22 KASUGA, TSUKUBA**  
**IBARAKI, 305-0821,**  
**JAPAN**

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

**EKAPOT BHUNACHET** (Depositor's name)  
**Ekapot Bhunachet** (Signature)  
**DECEMBER 19, 2007** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/936,872	09/17/2001	Ekapot Bhunachet		

TITLE OF INVENTION: FLUORESCENCE ELECTRONIC ENDOSCOPIC SYSTEM

P01619 9445  
 12/20/2007 HNGUYEN2 00000049 09936872

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0	\$0	\$720	01/22/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROZANSKI, MICHAEL T	3768	600-476000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 \_\_\_\_\_  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Typed or printed name \_\_\_\_\_

Registration No. \_\_\_\_\_

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PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ekapot Bhunachet, M.D., PhD

Applicant No. 09/936,872

Title: "FLUORESCENCE ELECTRONIC ENDOSCOPIC SYSTEM"

U.S. Filing Date: September 17, 2001

FEE TRANSMITTAL

Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Dear Officer,

Together with this letter, a FEE TRANSMITTAL and a Credit Card Payment Form, have been facsimile transmitted to the USPTO (571) 273-2885.

If there are any problems in relation to this communication, please inform the applicant at the fax/phone number 81-29-851-3721.

Respectfully submitted,

Date: December 19, 2007

By: Ekapot Bhunachet

Ekapot Bhunachet

2-32-22 Kasuga, Tsukuba

Ibaraki, 305-0821

Japan

81-29-851-3721

Applicant